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APPLICANTS

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** CONTINUING DATA ***** *YES* *****
llt This application is a CIP of 09/988,218 11/19/2001 PAT 6,711,219

** FOREIGN APPLICATIONS ***** *NONE* *****
llt

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 9	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>llt</i>	Initials		

ADDRESS
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TITLE
Interference cancellation in a signal

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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